

Exhibit A

STATE OF MICHIGAN

LF

CF 137

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATE OF DEATH

016191

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Nicole Lynn Freeman		2. DATE OF BIRTH [REDACTED]		3. SEX Female		4. DATE OF DEATH February 21, 2025			
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS				6a. AGE- Last Birthday (Years) 24		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES	
7a. LOCATION OF DEATH MyMichigan Medical Center Midland				7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Midland		7c. COUNTY OF DEATH Midland			
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Ogemaw		8c. LOCALITY West Branch		8d. STREET AND NUMBER [REDACTED]			
8e. ZIP CODE 48661		9. BIRTH PLACE [REDACTED]		10. SOCIAL SECURITY NUMBER [REDACTED]		11. DECEDENT'S EDUCATION 9th - 12th grade; no diploma			
12. RACE White		13a. ANCESTRY American		13b. HISPANIC ORIGIN No		14. EVER IN THE U.S. ARMED FORCES? No			
15. USUAL OCCUPATION Barista		16. KIND OF BUSINESS OR INDUSTRY Coffee Shop		17. MARITAL STATUS Never married		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)			
19. FATHER'S NAME (First, Middle, Last) John Anthony Freeman				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Alicia Marie Shear					
21a. INFORMANT'S NAME Alicia Marie Freeman		21b. RELATIONSHIP TO DECEDENT Mother		21c. MAILING ADDRESS [REDACTED]					
22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Memorial Fields Crematory		23b. LOCATION - City or Village, State Breckenridge, Michigan					
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Peggy Wesley-Fitzthum		25. LICENSE NUMBER 4501500090		26. NAME AND ADDRESS OF FUNERAL FACILITY Good Samaritan Burials & Cremations, 5671 Bay Road, Saginaw, Michigan 48604					
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title: William R. Morrone, DO		28a. ACTUAL OR PRESUMED TIME OF DEATH 2125 Military Time		28b. PRONOUNCED DEAD ON February 21, 2025		28c. TIME PRONOUNCED DEAD 2125 Military Time			
27b. DATE SIGNED February 26, 2025		27c. LICENSE NUMBER 5101014760		29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Hospital		31. IF HOSPITAL ICU	
32. MEDICAL EXAMINER'S CASE NUMBER wmMid20250221a3		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER							
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN William R. Morrone, DO, Midland County ME, 2727 Rodd Street, Midland, Michigan 48640									
35a. REGISTRAR'S SIGNATURE Ann Manary				35b. DATE FILED February 26, 2025					
36. PART I. ENTER the chain of events, diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. Enter only one cause on line. If diabetes was an underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as: a. Pending b. DUE TO (OR AS A CONSEQUENCE OF) c. IMMEDIATE CAUSE (Final disease or condition resulting in death) d. DUE TO (OR AS A CONSEQUENCE OF) Sequentially list IF ANY, leading to the listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting LAST) PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I								Approximate Interval Between Onset and Death Pending	
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death							
39. MANNER OF DEATH Pending Investigation		40a. WAS AN AUTOPSY PERFORMED? Yes		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No					
41a. DATE OF INJURY 02/21/2025		41b. TIME OF INJURY Unknown		41c. DESCRIBE HOW INJURY OCCURRED unknown source of respiratory arrest					
41d. INJURY AT WORK		41e. PLACE OF INJURY Home		41f. IF TRANSPORTATION INJURY not transportation		41g. LOCATION hospital, Midland, Michigan 48640			

CERTIFIED COPY OF RECORD

State of Michigan)
County of Midland)ss
Midland, Michigan)

I, ANN MANARY, Clerk of the County of Midland, and Circuit Court thereof, the same being a Court of Record having a Seal, do hereby certify that the foregoing is a true copy of the above record now remaining in my office, and of the whole thereof, viz:

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court

February 26, 2025

A.D.
Ann Manary

Ann Manary, County Clerk



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400278499

VRHS14(1/24) Authority: MCL 333.2852



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED